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UNITED STATES DEPARTMENT OF COMMERCE United States Patent and Trademark Office Address: COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, Virginia 22313-1450 www.uspto.gov

APPLICATION NUMBER

Edward R. Gates

600 Atlantic Avenue

Boston, MA 02210

FILING OR 371 (c) DATE

FIRST NAMED APPLICANT

ATTORNEY DOCKET NUMBER

10/821,809

Wolf, Greenfield & Sacks, P.C.

04/08/2004

Suketu P. Sanghvi

P0453.70116US01

CONFIRMATION NO. 9063

FORMALITIES LETTER

OC00000013074835

Date Mailed: 06/25/2004

NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION

FILED UNDER 37 CFR 1.53(b)

Filing Date Granted

Items Required To Avoid Abandonment:

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given TWO MONTHS from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The statutory basic filing fee is missing. Applicant must submit \$ 385 to complete the basic filing fee for a small entity.
- The oath or declaration is missing. A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$65 for a small entity in compliance with 37 CFR 1.27, must be submitted with the missing items identified in this letter.

The applicant needs to satisfy supplemental fees problems indicated below.

The required item(s) identified below must be timely submitted to avoid abandonment:

 Additional claim fees of \$7418 as a small entity, including any required multiple dependent claim fee, are required. Applicant must submit the additional claim fees or cancel the additional claims for which fees are due.

SUMMARY OF FEES DUE:

Total additional fee(s) required for this application is \$7868 for a Small Entity 01 FC:2001

03 FC:2201

23.50 DA

08/31/2004 FFRNAIA2 00000067 232825

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10821809

- \$385 Statutory basic filing fee.
- \$65 Late oath or declaration Surcharge.
- Total additional claim fee(s) for this application is \$7418

- \$172 for 4 independent claims over 3.
- \$7101 for 789 total claims over 20.
- \$145 for multiple dependent claim surcharge.

Replies should be mailed to:

Mail Stop Missing Parts

Commissioner for Patents

P.O. Box 1450

Alexandria VA 22313-1450

A copy of this notice MUST be returned with the reply.

Customer Service Center

Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE





DOCKET NO: P0453.70116US01

Applicant:

Sanghvi et al.

Serial No:

10/821,809

Confirmation No:

9063

Filed:

April 8, 2004

For:

COMBINATION THERAPY FOR CONSTIPATION

Examiner:

Not Yet Assigned

Art Unit:

1614

CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

The undersigned hereby certifies that this document is being placed in the United States mail with first-class postage attached, addressed to Mail Stop Missing Parts. Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the 25th day of August, 2004.

Mail Stop Missing Parts Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith are the following documents:

- Copy of Notice to File Missing Parts Part 2 [X]
- Executed Declaration for Patent Application by Inventors [X]
- [X]Preliminary Amendment
- Fee Calculation Sheet (x2) [X]
- [X]Check for \$1435.50 (with authorization to charge \$23.50 to our deposit account)
- Return Receipt Postcard [X]

If the enclosed papers are considered incomplete, the Mail Room and/or the Application Branch is respectfully requested to contact the undersigned at (617) 646-8000, Boston, Massachusetts.

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A check in the amount of \$1435.50 is enclosed. Please charge the extra amount of \$23.50 to our deposit account, Deposit Account No. 23/2825. If any additional fee is required, the balance may be charged or the excess may be credited to the account of the undersigned, Deposit Account No. 23/2825. A duplicate of this sheet is enclosed.

Respectfully submitted, Sanghvi et al., Applicant

Rv:

Edward R. Gates, Reg. No. 31,616 Wolf, Greenfield & Sacks, P.C. 600 Atlantic Avenue Boston, Massachusetts 02210-2211

Telephone: (617) 646-8000

Docket No. P0453.70116US01

Date: August 25, 2004

X08/25/04X

Inventor(s):

Sanghvi et al.

Serial No.:

10/821,809

Confirmation No.:

9063

Filed:

April 8, 2004

CHECK BOX, if applicable:

Docket No.: P0453.70116US01

For:

COMBINATION THERAPY FOR

CONSTIPATION

□ DUPLICATE

Fee Calculation Sheet

CLAIMS	FOR	NUMBER FILED	NUMBER EXTRA	RATE		FEE	
	TOTAL CLAIMS (37 CFR 1.16(c))	113-20 =	93 x	\$	18.00	= \$	1,674.00
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	7-3 =	4 x	\$	86.00	= \$	344.00
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d)) + \$ 290.00					= \$	0.00
	Fee for Petition for Extension of Time (if any) Other Fees (if any)					\$	770.00
					ne (if any)	\$	0.00
					es (if any)	\$	130.00
	Total of above Calculations				ulations =	\$	2,918.00
	Reduction by 50% for filing by small entity (Note 37 CFR 1.9, 1.27, 1.28)					\$	1,459.00
		Assignment Recordation Fee (if any)				\$	0.00
	TOTAL =					\$	1,459.00

1. A check in the amount of \$1,435.50 is enclosed.

General Authorization to Charge Deposit Account and General Request for Extension of Time

- 2. a. If the filing of any paper in this application necessitates the payment of a fee under 37 CFR §§ X1.16 or X 1.17, and the fee due is in an amount different from any enclosed check or if no check is enclosed, the Commissioner is hereby authorized to charge any deficiency or credit any overpayment to Deposit Account No. 23/2825.
 - b. ☐ The applicant hereby revokes any prior authorization to charge a fee due under 37 CFR §§ ☐1.16 ☐ 1.17 or ☐ 1.18.
- 3. If the filing of any paper in this application necessitates an extension of time under 37 CFR §1.136(a), the applicant hereby requests such extension of time. If the fee due is in an amount different from any enclosed check or if no check is enclosed, the Commissioner is hereby authorized to charge any deficiency or credit any overpayment to Deposit Account No. 23/2825.

Edward R. Gates, Reg. No. 31,616 Wolf, Greenfield & Sacks, P.C.

600 Atlantic Avenue

Boston, Massachusetts 02210-2206

Telephone: (617) 646-8000

Docket No.: P0453.70116US01

Date: August 25, 2004